



## STOODY COMPANY

16425 GALE AVENUE • P.O. BOX 1901 • INDUSTRY, CALIFORNIA 91749 • (213) 968-0717

→ J. Johnson

SFUND RECORDS CTR  
1851-01827

January 30, 1984

### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region IX  
215 Fremont Street  
San Francisco, CA 94105

**SUBJECT: T-4-1  
YOUR LETTER 1/12/84**

Gentlemen:

Our response to your letter is directed to the numbered items in your 1/12/84 letter and are answered in that same order.

1. Stoody Company started operations at this location in 1976. The company manufactures welding rods, wires and electrodes. The manufacturing process consists of two (2) general methods; fabrication and continuous casting. There has been no storage or treatment of hazardous waste at this facility. The only hazardous waste disposal operation involves disposal of a liquid sludge from a clarifier. The sludge is generated as a result of run-off from our coating department to the clarifier. The sludge consists of various metals which make up the alloys used in our coating department to coat the rods. The alloys are made up by a wet mixing operation. The run-off is from this wet mix operation in the coating department.

The clarifier is emptied once to twice a year and the waste disposed of at a certified disposal dump. The situation that classifies the clarifier sludge as hazardous waste is the soluble concentration of nickel. The evaluation is per the California assessment manual waste extraction test. Per this test, the soluble concentration of nickel is 62.4 mg./kg. Refer to the attached test evaluation by Certified Testing Laboratories, Inc. The soluble concentrations of all other metals are below the soluble threshold limit concentration and the total concentrations of all metals are below the total threshold limit concentration, including the nickel.

## 2. Past and present usage of chlorinated solvents:

Perchloroethylene:

<u>YEAR</u>	<u>AMOUNT</u>
1983	None
1982	17 Gals.
1981	None
1980	11 Gals.
1979	11 Gals.
1978	11 Gals.
1977	17 Gals.

## 3. The only hazardous waste generated by this facility is the liquid sludge mentioned in No. 1 on previous page, which is collected in our clarifier.

Amounts are as follows:

<u>YEAR</u>	<u>AMOUNT</u>
1983	3100 Gals.
1982	1500 Gals.
1981	1500 Gals.

## 4. No waste has been or is being disposed of on-site.

5. The clarifier waste mentioned in item 3 above was disposed of off-site. The transporter was Roberts Liquid Disposal. Locations of off-site disposal were:

1982 and 1983 - BKK Landfill Class I Public Disposal  
2210 S. Azusa Ave.  
West Covina, CA

1981 - Los Angeles Co. Landfill No. 6 Puente Hills  
2800 S. Workman Mill Rd.  
Whittier, CA

Supporting records are attached.

6. There are no wells on the location. There are two gasoline underground storage tanks on the location, each with a capacity of 9900 gallons.
7. No wells, therefore sample analysis not applicable.
8. No information on use and disposal of chlorinated solvents by others in the San Gabriel Valley.
9. Stooddy Company has been at this location since 1976. The plant was built at that time. The land was bare prior to that date.

Sincerely,



Hal Kahlen  
Facilities Engineer

HK:lfe



# certified testing laboratories, inc.

2905 EAST CENTURY BLVD. • SOUTH GATE, CALIF 90280 • (213) 564-2641

LABORATORY NO. 73909 REPORTED 6-09-83  
CLIENT Stooddy Company RECEIVED 6-03-83  
16425 Gale Avenue  
City of Industry, CA 91744  
SAMPLE Sludge sample  
MARKS Clarifier sludge 6/2/83  
BASED ON SAMPLE As received  
INVESTIGATION Determine the total content of the sample described above by digestion with nitric acid as given in EPA publication-600/4-79-020.  
METHOD Analysis of metallic components was performed by atomic absorption spectrophotometry. The cold generation technique was used for analysis of mercury. Analysis for arsenic and selenium was done by the hydride generation technique. Analysis for fluoride content was done by selective ion electrode.

RESULTS	Analyte	Results (mg/kg)	*STLC (mg/kg)	*TTLC (mg/kg)
	Antimony	<1	100	500
	Arsenic	0.19	5	500
	Barium	11.4	100	10,000
	Beryllium	<0.1	7.5	75
	Cadmium	<0.1	1	100
	Chromium (III)	150	25	2,500
	Chromium (VI)	<1	5	500
	Cobalt	4.8	80	8,000
	Copper	13.1	2.5	250
	Fluoride	<1	180	18,000
	Lead	4.4	5	1,000
	Mercury	<0.05	0.2	20
	Molybdenum	88	350	3,500
	Nickel	108	20	2,000



# certified testing laboratories, inc.

2905 EAST CENTURY BLVD. • SOUTH GATE, CALIF. 90280 • (213) 564-2641

LABORATORY NO. 73909  
CLIENT Stooddy Company

RESULTS	Analyte	Results (mg/kg)	*STLC (mg/kg)	*TTLC (mg/kg)
	Selenium	<0.05	1.0	100
	Silver	<1	5	500
	Thallium	<1	7	700
	Vanadium	10.4	24	2,400
	Zinc	7.7	25	2,500

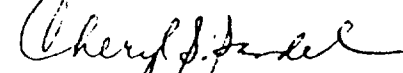
\*STLC - Soluble threshold limit concentration

\*TTLC - Total threshold limit concentration taken from California  
Assessment Manual (CAM) for hazardous wastes (October, 1982)

## CONCLUSION

The waste sludge described above is hazardous based on its chromium (III), copper and nickel content as per California Assessment Manual.

Respectfully submitted,  
CERTIFIED TESTING LABORATORIES, INC.

  
Cheryl S. Sandel



Certified testing laboratories, inc.  
2905 EAST CENTURY BLVD. • SOUTH GATE, CALIF. 90280 • (213) 564-2641

LABORATORY NO. 73909A REPORTED 8-19-83

CLIENT Stoddy Company  
16425 Gale Avenue  
City of Industry, CA 91744

SAMPLE Sludge sample

MARKS Clarifier sludge 6/2/83

BASED ON SAMPLE As received

INVESTIGATION Evaluate clarifier sludge as per California Assessment Manual  
(CAM) October 13, 1982 draft Waste Extraction Test.

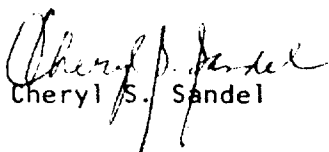
METHOD The sample was extracted per CAM Waste Extraction Test.

<u>Analyte</u>	<u>CAM 30 day Extraction mg/kg</u>	<u>*STLC mg/kg</u>
Chromium III	9.20	25
Copper	<0.4	2.5
Nickel	62.4	20

\*STLC - Soluble Threshold Limit Concentration

CONCLUSION The sample described above is hazardous based on its nickel content as per CAM

Respectfully submitted,  
CERTIFIED TESTING LABORATORIES, INC

  
Cheryl S. Sandel

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY

PRESS HARD

72350

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

1860  
① MANIFEST NUMBER 00206

GENERATOR (GENERATOR MUST COMPLETE)

② NAME STEEDY CO.  
EPA NO. CAX000046805  
ADDRESS 16425 GALE AVE  
CITY, STATE, ZIP CODE INDUSTRY, CA 91749  
PHONE NO. 213-968-0717  
ORDER PLACED BY HAL KARLEN ORDER DATE 6/10/83  
P.O. / CONTRACT NO. \_\_\_\_\_

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME RKK CORP  
EPA NO. CAD0067786749  
ADDRESS 2210 S. AZURA AVE  
CITY, STATE, ZIP CODE WEST CARROLLA CA 91790  
PHONE NO. 213-965-0911

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>HEAVY METAL SOLUTION</u>	<u>CORROSIVE</u>	<u>NA 945</u>	<u>800</u>	<u>1</u>	<input checked="" type="checkbox"/> DRUMS	
WASTE <u>METAL ALKYL SOLUTION PDS</u>			<u>GAL</u>		<input checked="" type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input type="checkbox"/> OTHER	

⑥ WASTE CATEGORY #36 ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS WELDING PDS MFG

⑨ LIST COMPONENTS: CONC. RANGE UNITS  
A SEE ATTACHED ANALYSIS UPPER LOWER  
B FROM CERTIFIED TESTING LAB.  
C  
D

⑩ WASTE PROPERTIES: PH 8.0 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Hal Karlen, Sr. Facilities Mgr. 6/10/83  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ROBERT'S LIQUID DISPOSAL  
EPA NO. CAT080012677  
ADDRESS 14708 STUDEBAKER RD.  
CITY, STATE, ZIP CODE NORWALK CA, 90650  
PHONE NO. (213) 864-2953

JOB NO 021611  
UNIT NO R-2

⑮ PICK UP DATE 6-10-83  
TIME 7:00 ☒ AM ☐ PM

⑯ Robert's Liquid Disposal  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DRIVER

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME RKK  
EPA NO. 7777777777  
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑲ QUANTITY (IF MEASURED) SEE 202  
⑳ STATE FEE (IF ANY) \$ 230134

HANDLING OR DISPOSAL METHOD  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑳ 6/15/83  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY

PRESS HARD

**GENERATOR**

(GENERATOR MUST COMPLETE)

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

1860  
MANIFEST NUMBER 00207

**DESIGNATED TSD FACILITY**

**ALTERNATE TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME STODDY CO  
EPA NO. CA X 000 004 680 5  
ADDRESS 16425 GALE AVE  
CITY, STATE, ZIP CODE INDUSTRY, CA 91749  
PHONE NO. 213-966-2717  
ORDER PLACED BY HAL KALLER ORDER DATE 6/10/83  
P.O. CONTRACT NO.

NAME BKK CORP.  
EPA NO. CA 000 000 000 000  
ADDRESS 2210 S. AVE  
CITY, STATE, ZIP CODE WEST COVING, CA 91790  
PHONE NO. 213-966-1111

NAME  
EPA NO.  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NO.

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>HEAVY METAL SOLUTION</u>	<u>CORROSIVE</u>	<u>1495</u>	<u>800</u>	<u>1</u>	<input checked="" type="checkbox"/> DRUMS	
WASTE <u>METAL ALKYL SOLUTION N.O.S.</u>			<u>GAL</u>		<input checked="" type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input type="checkbox"/> OTHER	

WASTE CATEGORY HAZ 36 EX. HAZ. WASTE PERMIT NO. N/A GENERATING PROCESS Waste Rep H/P  
LIST COMPONENTS: CONC. RANGE UNITS  
A SEE ATTACHED ANALYSIS FROM UPPER LOWER  
B CERTIFIED TESTING LAB.  
C  
D  
WASTE PROPERTIES: PH 8.0 TOXIC FLAMMABLE CORROSIVE IRRITANT REACTIVE SENSITIZER CARCINOGEN MUTAGEN  
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY GAS OTHER  
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES RESPIRATOR OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE Hal Kaller, Sr. Facilities Mgr. DATE SHIPPED 6/10/83

**TRANSPORTER**

(HAULER MUST COMPLETE)

NAME ROBERT'S LIQUID DISPOSAL  
EPA NO. CA 708 000 126 77  
ADDRESS 14708 STUDEBAKER RD.  
CITY, STATE, ZIP CODE NORWALK CA, 90650  
PHONE NO. (213) 864-2953

JOB NO. 92611  
UNIT NO. R-2

PICK-UP DATE 6-10-83  
TIME 7:00 AM PM

SIGNATURE OF AUTHORIZED AGENT & TITLE DRIVER

**TSD FACILITY**

(OPERATOR MUST COMPLETE)

NAME BKK  
EPA NO. CA 000 000 000 000

QUANTITY (IF MEASURED) 36-171  
STATE FEE (IF ANY) 5.19 3.78 20.76

HANDLING OR DISPOSAL METHOD  
☐ SURFACE IMPOUNDMENT  
☒ LANDFILL  
☐ INJECTION WELL  
☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY)  
☐ RECOVERY OR REUSE  
☐ STORAGE TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME  
EPA NO.  
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE 6-10-83 DATE ACCEPTED



SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

① MANIFEST NUMBER

00165

**GENERATOR** (GENERATOR MUST COMPLETE)

② NAME STEADY C  
EPA NO. EPRI 1515MTT  
ADDRESS 16425 GALE AV  
CITY, STATE, ZIP CODE INDUSTRY CALIF 91749  
PHONE NO. 1-213-968-0717  
ORDER PLACED BY F.H. McMichael ORDER DATE 1-19-83  
P.O. CONTRACT NO.

③ DESIGNATED TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM  
NAME BKK  
EPA NO. CA100677867419  
ADDRESS 2210 S HAZUSA AVE  
CITY, STATE, ZIP CODE W. COVINA CALIF 91791  
PHONE NO. 1-213-965-0911

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>None</u>	<u>75</u>	<u>NA</u>		<u>1500</u>	DRUMS TANK TRUCK
WASTE					BAGS OTHER <u>Production WASTE</u>

⑥ WASTE CATEGORY \_\_\_\_\_ ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS \_\_\_\_\_

⑨ LIST COMPONENTS:

	CONC. RANGE UPPER LOWER	UNITS
A <u>CHROMIUM</u>	<u>.01</u>	<input checked="" type="checkbox"/> PPM
B <u>NICKEL</u>	<u>.01</u>	<input checked="" type="checkbox"/> PPM
C <u>ZINC</u>	<u>.01</u>	<input checked="" type="checkbox"/> PPM
D <u>OIL &amp; GREASE</u>	<u>2.4</u>	<input checked="" type="checkbox"/> PPM

⑩ WASTE PROPERTIES: PH 2.5 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ R.H. McMichael Manager  
SIGNATURE OF AUTHORIZED AGENT & TITLE

1-19-83  
DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME ROBERT'S LIQUID DISPOSAL  
EPA NO. CA10080012627  
ADDRESS 14708 STUDEBAKER RD.  
CITY, STATE, ZIP CODE NORWALK CA, 90650  
PHONE NO. (213) 864-2953

JOB NO. 02132  
UNIT NO. 12

⑮ PICK-UP DATE 1-19-83  
TIME 8:00 ☒ AM ☐ PM

⑯ Robert Smith  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DRIVER

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑰ NAME BKK  
EPA NO. CA100677867419  
⑱ QUANTITY (IF MEASURED) 4.83  
⑲ STATE FEE (IF ANY) \$ 19.32

⑳ HANDLING OR DISPOSAL METHOD  
☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE TRANSFER

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉒ Jane R. D. 600  
SIGNATURE OF AUTHORIZED AGENT & TITLE

1-19-83  
DATE ACCEPTED

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

186  
MANIFEST NUMBER 000255

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME STOODY CO  
EPA NO. 8101 AXEMMT  
ADDRESS 19425 GALE AVE  
CITY, STATE, ZIP CODE INDUSTRY CALIF 19749  
PHONE NO. 1-213-968-0717  
ORDER PLACED BY R.L. McMICHAEL ORDER DATE 6-18-82  
P.O. CONTRACT NO. 49060

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKE CORP  
EPA NO. CA01033181719  
ADDRESS 2210 S. MARKET AVE  
CITY, STATE, ZIP CODE W. CAVERLY CALIF 91791  
PHONE NO. 1-213-968-0911

⑤ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>NONE</u>	<u>T5</u>	<u>NA</u>		<u>1500</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER <u>PRODUCTION WASTE</u>

⑥ WASTE CATEGORY \_\_\_\_\_ ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS \_\_\_\_\_

⑨ LIST COMPONENTS: CONC. RANGE UNITS

	UPPER	LOWER				CONC. RANGE	UPPER	LOWER	UNITS
A <u>CHROMIUM</u>	<u>1.31</u>		<input checked="" type="checkbox"/>	PPM	E <u>SUSPENDED SOLIDS</u>	<u>548</u>	<u>39</u>		PPM
B <u>NICKEL</u>	<u>1.12</u>		<input checked="" type="checkbox"/>	PPM	F _____				PPM
C <u>IRON</u>	<u>1.09</u>		<input checked="" type="checkbox"/>	PPM	G _____				PPM
D <u>SLUDGE + GREASE</u>	<u>3.10</u>		<input checked="" type="checkbox"/>	PPM	NONHAZARDOUS MATERIAL _____				

⑩ WASTE PROPERTIES: PH 8.9 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN-MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ R.L. McMichael Maint Supt. 6-18-82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ROBERT'S LIQUID DISPOSAL  
EPA NO. CA01080012677  
ADDRESS 14708 STUDEBAKER RD.  
CITY, STATE, ZIP CODE NORWALK CA, 90650  
PHONE NO. (213) 864-2953

JOB NO. 1458 ⑮ PICK-UP DATE 6-18-82  
UNIT NO. 12 TIME 9:00 ☒ AM ☐ PM

⑯ Robert Smith Driver  
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKE ⑱ QUANTITY IF MEASURED: 6.05  
EPA NO. CA01033181719 ⑲ STATE FEE IF ANY: \$ 6.05  
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉒ HANDLING OR DISPOSAL METHOD  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE TRANSFER

⑳ W. D. (60)  
SIGNATURE OF AUTHORIZED AGENT & TITLE

6-18-82  
DATE ACCEPTED

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Stooder, Co Code No.       
Pick up Address: 16425 Gale Ave Industry  
Telephone Number: (213) 918-0717 (Number) (Street) (City)  
P.O. or Contract No.: 43699  
Order Placed By: Chuck Oberien Date: 6-1-81  
Type of Process: Clarifier  
Which Produced Wastes: Clarifier Code No.       
(Examples: metal plating, equipment cleaning, oil drilling--Code No.  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Cannery waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) Pump outs from clarifier Code No.     

### Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. <u>Sodium s.l. gate</u>	<u>30</u>	<u>10</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>6.6 off metal</u>	<u>3</u>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Chromo metal</u>	<u>3</u>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Trayster p.d.b.d.c</u>	<u>2</u>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Water</u>	<u>0.8</u>	<u>0.4</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>0.1</u>	<u>0.8</u>	<u>0.4</u>	<input type="checkbox"/>	<input type="checkbox"/>

### Hazardous Properties of Waste:

pH 6 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume:      gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)       
Containers:      (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)       
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)       
Special Handling Instructions (if any): None

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ROBERT'S LIQUID DISPOSAL CO. Code No.       
Business Address: 14708 STUDEBAKER ROAD, NORWALK, CA 90650  
Telephone Number: (213) 864-2953 (Number) (Street) (City)  
Pick Up: 6-5-81 (Date) Time: 2:30 pm  
State Liquid Waste Hauler's Registration No. (if applicable): 186  
Job No.:      No. of Loads or Trips: 1 Unit No.:     

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)       
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):      Code No.       
Site Address:     

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

### Handling Method(s):

- ☐ recovery  
☐ treatment (specify):       
☐ disposal (specify):      (Examples: incineration, neutralization, precipitation)--Code No.       
☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):      Code No.

If waste is held for disposal elsewhere specify final location:     

Disposal Date:     

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title RK B... I.E

Nº 0977

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

**№ 0976**

RECEIVED  
U.S.E.P.A.  
REGION 9  
COMM CNTR

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